

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-017448

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

STATE FILE NUMBER

FILED MAY 9 1962

1. PLACE OF DEATH

a. COUNTY

St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only)

Velda Village

Length of stay in 1b

33 years

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR INSTITUTION 2805 Maurer Avenue

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR TOWN Velda Village

Inside Limits

Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

2805 Maurer Avenue

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Chester Dickson Barfield

4. DATE OF DEATH

Month

Day

Year

April 20, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☒Never Married ☐Widowed ☐Divorced ☐

8. DATE OF BIRTH

3/31/29

9. AGE (last birthday)

33

IF UNDER 1 YEAR

Months

Days

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Luncheon

10b. KIND OF BUSINESS OR INDUSTRY

Telephone Company

11. BIRTHPLACE (City and state or country)

St. Louis, Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Clarence Roy Barfield

13b. MOTHER'S M maiden name

Ada Blackwell

14. NAME OF HUSBAND OR WIFE

Audrey Barfield

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

yes

Korean

16. SOCIAL SECURITY NO.

17. INFORMANT

Address

Charles R. Barfield 11 Constance Ct.

18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY:

INTERVAL BETWEEN ONSET AND DEATH

IMMEDIATE CAUSE (a)

Gunshot wound of neck with internal hemorrhage

DUE TO (b)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☒ NO ☐

20a. ACCIDENT SUICIDE HOMICIDE

☐☐☒

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Shotgun wound inflicted at the hands of another person

20c. TIME OF INJURY

5:00 P.M. 4/20/62

20d. INJURY OCCURRED

WHILE AT WORK ☐NOT WHILE AT WORK ☒

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

bedroom of home

20f. CITY, TOWN, OR LOCATION

Velda Village

COUNTY

St. Louis

STATE

Missouri

21. I attended the deceased from _____, to _____, and last saw her alive on _____

Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Coroner

22b. ADDRESS

Clayton, Missouri

22c. DATE SIGNED

4/27/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

4/24/62

23c. NAME OF CEMETERY OR CREMATORY

Walker Cemetery

23d. LOCATION (City, town, or county)

Bloomfield Missouri

(State)

24. FUNERAL DIRECTOR

ADDRESS

Shepard Funeral Home, 1167 Hamilton Ave

25. DATE RECD. BY LOCAL REG.

4-23-62

REGISTRAR'S SIGNATURE

John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS 300
Rev. 4/59

14000

24000

3

4 0

5 1

6

7 0

8 1

9 981X

10

11

12 90-3

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

_____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Licensed Embalmer No. 7779

P. O. Address Berkeley, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.